

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

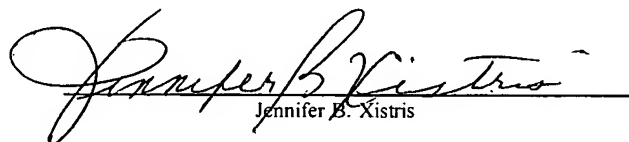
NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Asgeir Sæbø for Supplements and Foods Comprising Oleylethanolamide.



CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **November 18, 2003** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EL 992 784 709 US** addressed to: **Box Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Jennifer B. Xistris

1. **Type Of Application**
This new application is for a(n)
☒ Original (nonprovisional)
2. **Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application**
21 Pages of Specification
5 Pages of Claims
1 Page of Abstract
0 Sheets of Informal Drawings
3. **Declaration**
☒ Not Enclosed
4. **Inventorship Statement**
The inventorship for all the claims in this application is:
☒ the same
5. **Language**
☒ English
6. **Fee Calculation (37 C.F.R. § 1.16)**
☒ Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate	Basic Fee - \$770.00 (37 C.F.R. § 1.16(a))
Total Claims (37 C.F.R. § 1.16(c))	46 - 20 =	26 × \$18.00 =	\$468.00
Independent Claims (37 C.F.R. § 1.16(b))	5 - 3 =	2 × \$86.00 =	\$172.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$290.00 =		\$0.00

Filing Fee Calculation \$1,410.00

7. **Fee Payment Being Made At This Time**

- ☒ Enclosed
- ☒ basic filing fee \$1,410.00
- Total Fees Enclosed \$1,410.00**

8. **Method of Payment of Fees**

- ☒ Check in the amount of \$1,410.00

9. **Authorization To Charge Additional Fees and Credit Overpayment**

- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: **08-1290**. An originally executed duplicate of this transmittal is enclosed for this purpose.

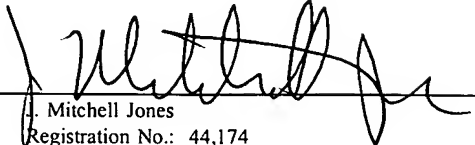
10. **Power of Attorney by Assignee**

- ☒ Enclosed (unexecuted)

11. **Return Receipt Postcard**

- ☒ Enclosed

Dated: November 18, 2003



J. Mitchell Jones
Registration No.: 44,174

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☒ **Statement Where No Further Pages Added**

- ☒ This transmittal ends with this page.